



**CHANGE OF CONTRIBUTOR**

CURRENT CONTRIBUTOR'S NAME: \_\_\_\_\_  
 BENEFICIARY'S NAME: \_\_\_\_\_ SCTPP  
 ACCOUNT NUMBER: \_\_\_\_\_  
 REASON FOR REQUEST: \_\_\_\_\_

**THE FOLLOWING INFORMATION SHOULD BE PROVIDED BY THE NEW CONTRIBUTOR:**

NEW CONTRIBUTOR'S NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 HOME PHONE: (\_\_\_\_) \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_\_

To authorize the change, the new contributor is required to sign in the presence of a notary. **This form must be notarized with an official notary seal.** Mail it with the \$25.00 processing fee except in the event of death or disability of the original primary contributor.

- If change is due to death of contributor, please attach a copy of the death certificate and the appropriate pages from the will giving evidence of appointment as executor, or letters of testamentary.
- If change is due to disability of contributor, please forward copies of the contributor's power of attorney and sufficient evidence documenting the determination of the contributor's disability by court order or such documents signed by the contributor's physician.

**I ACKNOWLEDGE THAT BY EXECUTING THIS FORM I RELINQUISH ALL RIGHTS AND RESPONSIBILITIES OF THE MASTER AGREEMENT TO THE NEW CONTRIBUTOR.**

STATE OF SOUTH CAROLINA COUNTY OF The  
 foregoing instrument was acknowledged before me  
 this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
 Current Contributor Signature

\_\_\_\_\_  
 Notary Public, State of South Carolina

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 New Contributor's Signature

\_\_\_\_\_  
 Date

**PLEASE RETURN COMPLETED FORM TO:**  
 SCTPP  
 PO Box 44289  
 Jacksonville, FL 32231-4289

*Rev 10/15/2012*